

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

If you are a public sector organization with **20 or more employees** that is not designated under the IASR ([O. Reg. 191/11: Integrated Accessibility Standards](#)) you are to comply with the IASR as a business/non-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR ([O. Reg. 191/11: Integrated Accessibility Standards](#)), you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory.

A. Organization information

Organization category * Designated Public Sector	Number of employees range * 50+ employees	Reporting year 2025
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Business details

Organization legal name * Corporation of the Town of Gravenhurst	Number of employees in Ontario * Help 107
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Business number (BN9) * [Help](#)
106984610

Check if operating/business name is same as legal name

Organization operating/business name
[Corporation of the Town of Gravenhurst](#)

Sector that best describes your organization's principal business activity * [Help](#)
91

Subsector (if possible)
913

Industry group (if possible)
9139

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *

The fields below will change based on your selection.

Canada USA International

Type of address * Street address Street address served by route Other

Unit number 3	Street number * 5	Street name * Pineridge
Street type Gate	Street direction	City * Gravenhurst
		Province * ON (Ontario)

Postal code (e.g. A1A 1A1) *
[P1P 1Z3](#)

Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country *

The fields below will change based on your selection.

Canada

USA

International

Type of address *

Street address

Street address served by route

Other

Unit number

3

Street number *

5

Street name *

Pineridge

Street type

Gate

Street direction

City *

Gravenhurst

Province *

ON (Ontario)

Postal code (e.g. A1A 1A1) *

P1P 1Z3

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category [Designated Public Sector](#)

Number of employees range [50+](#)

Filing organization legal name [Corporation of the Town of Gravenhurst](#)

Filing organization business number (BN9) [106984610](#)

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

Certifier: Someone who can legally bind the organization(s).

Primary Contact: The person who will be the main contact for accessibility issues.

Acknowledgement

I certify that all the information is accurate and I have the authority to bind the organization *

Certification date (yyyy-mm-dd) * [2025-05-22](#)

Certifier information

Last name *		First name *	
Gilston		Jonathan	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Other	705-687-3412		

Email *	Alternate phone number	Extension	Fax number
jonathan.gilston@gravenhurst.ca			

Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
Gilston	Jonathan

Position title *	Business phone number *	Extension	Check here if TTY
Other	705-687-3412		

Email *	Alternate phone number	Extension	Fax number
jonathan.gilston@gravenhurst.ca			

D. Accessibility compliance report questions

Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

General

1. Is your organization in compliance with all applicable requirements of the General Section? * Yes No

[Read O. Reg. 191/11, Part I: General](#)

[Learn more about your requirements for question 1](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the General Requirements](#)

Comments for question 1 Include any additional information or explanation to accompany your yes/no answer to the question.

Information and communications

2. Is your organization in compliance with all applicable requirements of the Information and Communications Standards? * Yes No

[Read O. Reg. 191/11, Part II: Information and communications standards](#)

[Learn more about your requirements for question 2](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Information and Communications Standards](#)

Comments for question 2 Include any additional information or explanation to accompany your yes/no answer to the question.

Employment

3. Is your organization in compliance with all applicable requirements of the Employment Standards? * Yes No

[Read O. Reg. 191/11, Part III: Employment Standards](#)

[Learn more about your requirements for question 3](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Employment Standards](#)

Comments for question 3 Include any additional information or explanation to accompany your yes/no answer to the question.

Transportation

4. Is your organization in compliance with all applicable requirements of the Transportation Standards? * Yes No

[Read O. Reg. 191/11, Part IV: Transportation standards](#)

[Learn more about your requirements for question 4](#)

[The Transportation Standards Reference Guide provides information about accessibility requirements from the Transportation Standards](#)

Comments for question 4 Include any additional information or explanation to accompany your yes/no answer to the question.

Design of public spaces

5. Is your organization in compliance with all applicable requirements of the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 5](#)

[The DOPS Reference Guide provides an overview of the scope, applicability and specific requirements of DOPS](#)

Comments for question 5 Include any additional information or explanation to accompany your yes/no answer to the question.

Customer Service

6. Is your organization in compliance with all applicable requirements of the Customer Service Standards? * Yes No

[Read O. Reg. 191/11 Part IV.2: Customer Service standards](#)

[Learn more about your requirements for question 6](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Customer Service Standards](#)

Comments for question 6 Include any additional information or explanation to accompany your yes/no answer to the question.

Organization category [Designated Public Sector](#)

Number of employees range [50+](#)

Filing organization legal name [Corporation of the Town of Gravenhurst](#)

Filing organization business number (BN9) [106984610](#)

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Next Steps:

1. Your organization may be audited to verify compliance.
2. You must make this completed accessibility report available to the public.